

FIG. 1

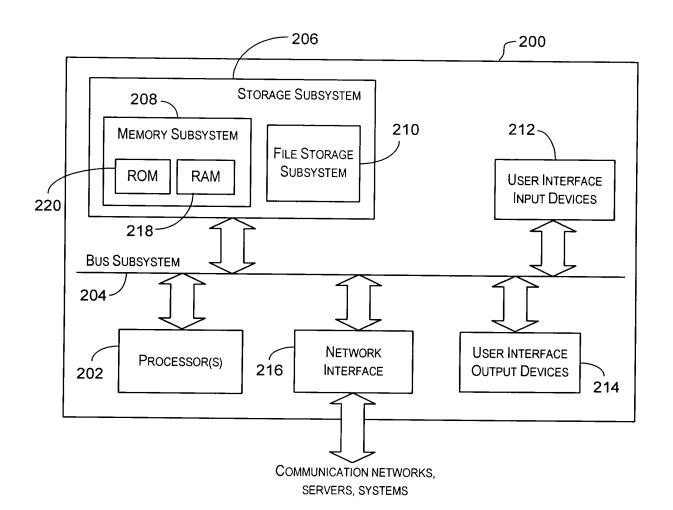


FIG. 2

E#o	ASDHTML: DHS110Dv3bFA - Microsoft Internet Explorer Edit Yow Egyorens Look Units
	Medical Assistance Application State of Howald Department of Herian Services Step 1 of 2. Please tell us who you are and where you live.
	Last Name First Name Middle
X	Kapricorn Thomas U
4	Address (Where you live) Apartment Promper
	3093 Ala Pana Place 1755
I -	- City State Zip Code
	Honolutu HI 95888 304
	Macing Address (if it is different from where you live)
	Telephone Number
	Email Address
	CHON YOU'S
	Previous New Step Exit

FIG. 3

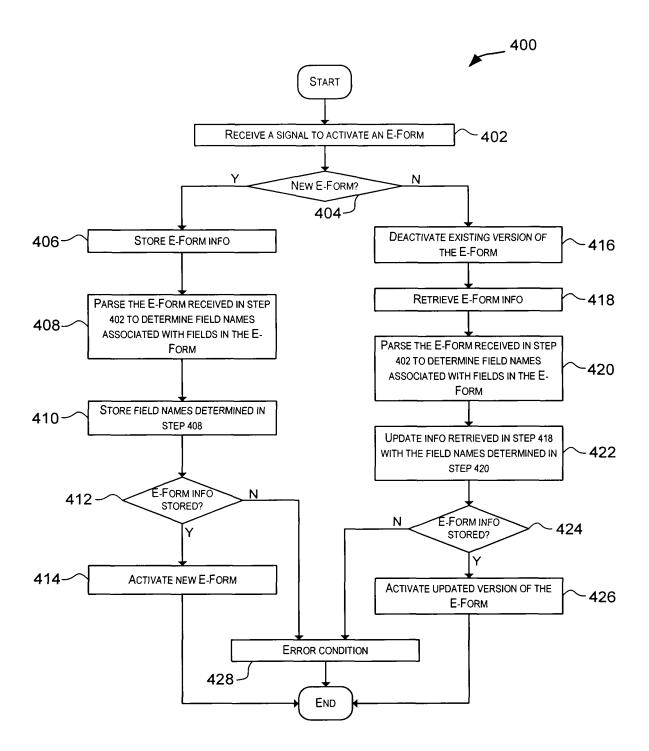


FIG. 4

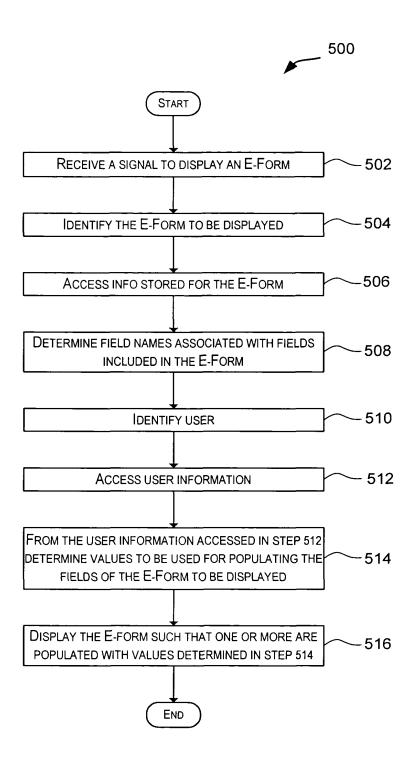


FIG. 5

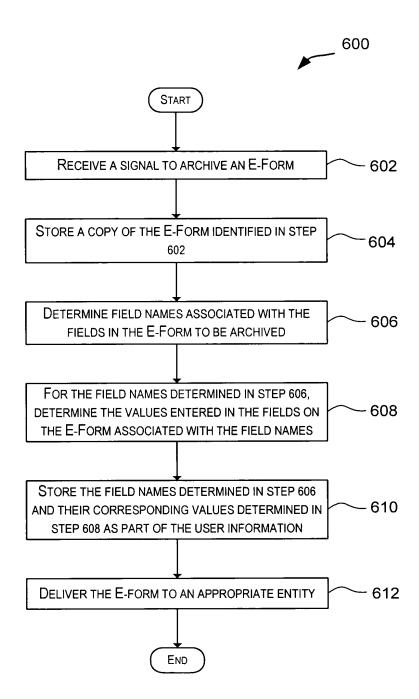


FIG. 6

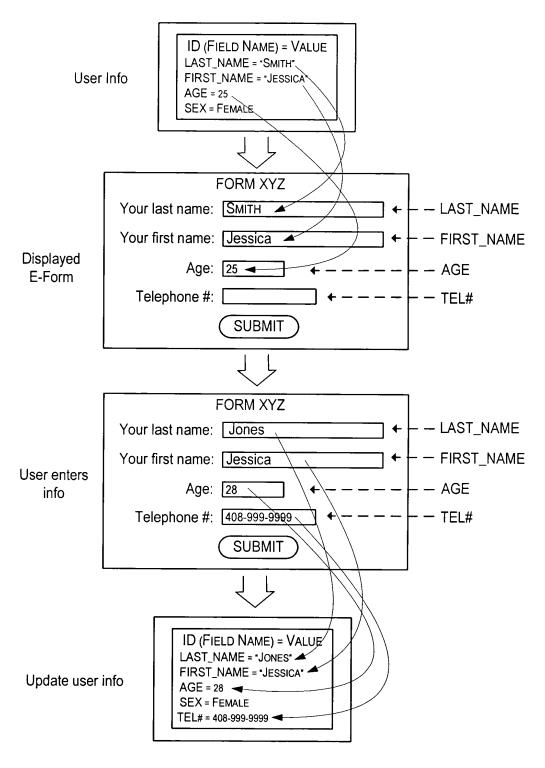


FIG. 7

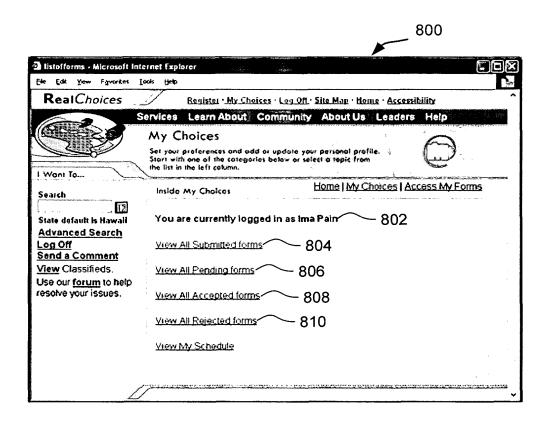


FIG. 8

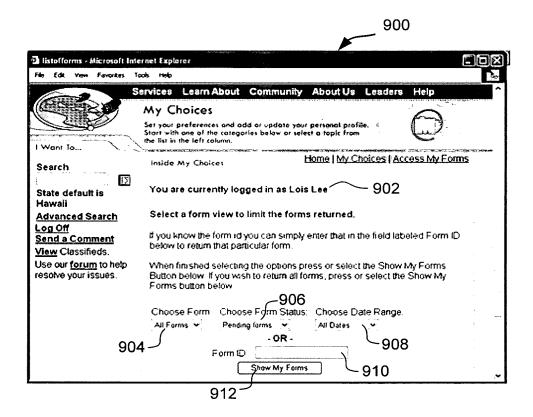


FIG. 9

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FIG. 10

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1104	29 2/8/2003 12:00:00 AM	Foodstamps Application via Medicaid	
		Medical Assistance Application via Medicaid	
	33 2/8/2003 12 00:00 AM	Medical Assistance Application via Medicaid	
	- Description	No. Cont.	

FIG. 11

A 12 A

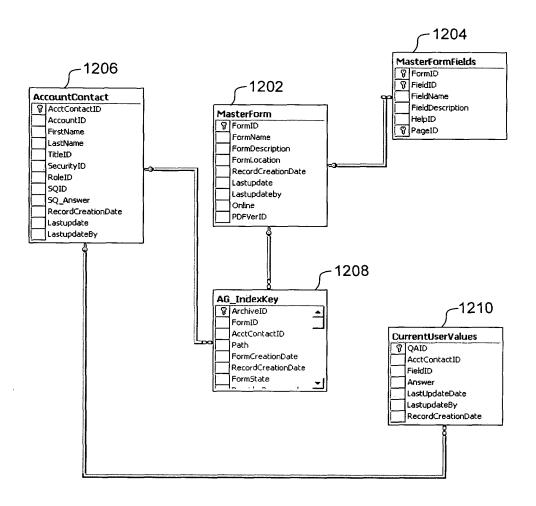


FIG. 12A

A • • ~

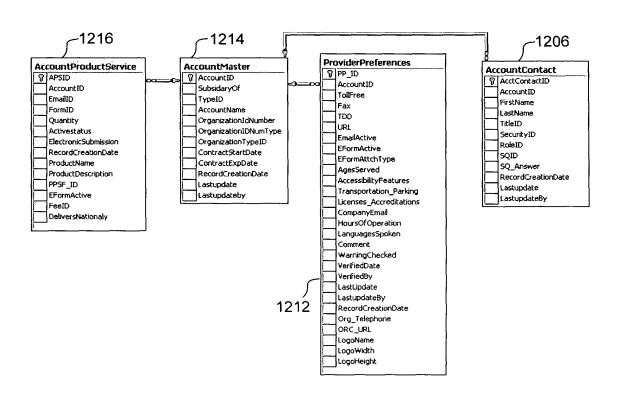


FIG. 12B